



Adult Trauma Screen

Please check each area where the item is known *or suspected*. The screen can help determine whether a comprehensive assessment may be helpful in understanding the individual's functioning and needs.

Note: Endorsing exposure items does not necessarily mean these events have been proven or substantiated; it is for screening purposes only.

1. Are you aware of or do you suspect the individual had experienced any of the following as a child (under the age of 18):

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Physical abuse
<input type="checkbox"/> Neglectful home environment
<input type="checkbox"/> Emotional abuse
<input type="checkbox"/> Exposure to domestic violence
<input type="checkbox"/> Exposure to other chronic violence
<input type="checkbox"/> Sexual abuse or exposure
<input type="checkbox"/> Parental substance abuse
<input type="checkbox"/> Impaired parenting (mental illness)
<input type="checkbox"/> Exposure to drug activity <i>aside from parental use</i>
<input type="checkbox"/> Refugee camps, war zones, trafficking (including forced prostitution) | <input type="checkbox"/> Pre-natal exposure to alcohol/drugs or maternal stress during pregnancy
<input type="checkbox"/> Lengthy or multiple separations from primary attachments - parent, other caregivers, siblings or close friends
<input type="checkbox"/> Placement outside of the home (foster care, kinship care, residential)
<input type="checkbox"/> Loss of significant people, places etc.
<input type="checkbox"/> Frequent/multiple moves; homelessness
<input type="checkbox"/> International adoption, immigration,
<input type="checkbox"/> Other _____ |
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2. Are you aware of or do you suspect the individual has experienced any of the following as an adult (over the age of 18):

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Domestic violence/assault (DV)
<input type="checkbox"/> Physical abuse/assault <i>other than DV</i>
<input type="checkbox"/> Emotional abuse by partner
<input type="checkbox"/> Trafficking and/or prostitution
<input type="checkbox"/> Sexual assault (not included above)
<input type="checkbox"/> Refugee camps, war zones | <input type="checkbox"/> Incarceration/institutionalization
<input type="checkbox"/> Military trauma
<input type="checkbox"/> Loss of significant people, places etc.
<input type="checkbox"/> Frequent/multiple moves; homelessness
<input type="checkbox"/> Other _____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

3. Does the individual show any of these behaviors:

- Minimizes significance of problems/actions; dismissive, as if 'doesn't care'
- Persistent distrust of others; suspicious
- Inappropriate/extreme sexual behavior: overly sexual or avoidant of sexual relationships
- Cocky, seems to "know it all"
- Current substance abuse, or history of chronic substance abuse
- Lives with/spends significant time with others who abuse substances
- Unpredictable, explosive responses to events
- Excessively controlling
- Repeatedly victimized, or perceives self as being victimized, or taken advantage of
- Frequent lying, denies things known to be true
- Misreads and/or doesn't seem to understand social cues and/or anticipates negative response/outcome
- Mixes up appointments, needs information repeated or explained, frequently forgetful
- Shares too much private information; gives unnecessary details
- Difficulty coping with change
- Sleep problems
- Impulsive, rash behaviors and decisions
- Other _____

4. Does the individual exhibit any of the following emotions or moods:

- Excessive mood swings, can be “set off” unpredictably and reaction is intense
- Frequent, intense angry outbursts that seem extreme for the situation
- Flat and unemotional; detached
- Emotion doesn’t fit situation (too easily crying; laughing at sad things, etc.)
- Sudden changes/shifts in mannerisms and/or level of maturity (like different people)
- Jumpy, nervous, worried, and/or fearful
- Negative, pessimistic
- Other _____

5. Does the individual have any of the following life problems:

- Legal problems – e.g., court involvement, suspended license, warrants, owes past child support
- Two or more criminal convictions as an adult
- History of truancy/behavior problems in school/dropping out of high school
- Difficulty keeping a job
- Multiple previous diagnoses as child and/or adult (ADHD, oppositional disorder, bipolar etc.)
- Chronic health problems – e.g., obesity, diabetes, heart problems, high blood pressure
- Frequently sick and/or complains of physical issues, like aches and pains
- Began using substances before age of 14
- Poor physical self-care and/or poor living conditions
- Regular smoking/tobacco use; chronic poor health habits
- Other _____

6. Does the individual have any of these relationship issues:

- Lack of appropriate boundaries in relationships – physical touch, poor sense of privacy
- Frequent changes in intimate partners
- Quick to bring others into their life (gets too close to fast), not just sexually
- Repeatedly gets caught up in “drama” with family/friends; frequent conflicts
- Lack of contact with or very stressed/strained relationship with family
- Unsupportive, cold, or negative relationship with parents
- Friends/support have history of criminal, substance abuse, and/or child welfare involvement
- Other _____

Please complete the following regarding the person for whom the screen has been completed:

Age _____

Sex _____

Race _____

County of residence _____